

FEE TRANSMITTAL

Patent Fees are subject to annual revision.

TOTAL AMOUNT
OF PAYMENT
1,810

Complete if Known

Application Number 09/850,073
 Filing Date 05/07/2001
 First Named Inventor Steven Todd
 Examiner Name Rhode Jr., Robert E.
 Group/Art Unit 3625
 Attorney Docket No. 112820

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number 01-2745

Deposit Account Name AT&T CORP.

- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 ☐ Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing Date of the Notice of Allowance

FEE CALCULATION

1. FILING FEE

Large Fee Code	Entity Fee(\$)	Fee Description	Fee Paid
1001	770	Utility(37CFR 1.53(b)) / CPA(37CFR 1.53(d)) Filing Fee	
1002	340	Design Filing Fee	
1004	770	Reissue Filing Fee	
1005	160	Provisional Filing Fee	

SUBTOTAL (1)

2. CLAIMS

- ☐ Filing Under 37CFR 1.53 (b)
☐ CPA Under 37CFR 1.53 (d)
☒ Amendment

Extra Claims Fee from below Fee Paid

Total - 20 = 0 X =
 Ind. - 3 = 0 X =

Multiple Dependent Claims

Large Fee Code	Entity Fee(\$)	Fee Description
1202	18	Claims in excess of 20
1201	86	Independent Claims in excess of 3
1203	290	Multiple Dependent Claims
1204	86	** Reissue independent claims over original patent
1205	18	** Reissue claims in excess of 20 and over original patent

** or number previously paid, if greater; for Reissues, see above

SUBTOTAL (2)

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Fee Code	Entity Fee(\$)	Fee Description	Fee Paid
1051	130	Surcharge - late filing fee or oath	
1052	50	Surcharge - late provisional filing fee or cover sheet	
1053	130	Non-English specification	
1812	2520	For filing a request for reexamination	
1804*	920	Requesting publication of SIR prior to Examiner action	
1805*	1840	Requesting publication of SIR after Examiner action	
1251	120	Extension for response within first month	
1252	450	Extension for response within second month	
1253	1020	Extension for response within third month	1,020
1254	1590	Extension for response within fourth month	
1255	2160	Extension for response within fifth month	
1401	330	Notice of Appeal	
1402	330	Filing a brief in support of an appeal	
1403	290	Request for oral hearing	
1504	300	Publication fee for early, voluntary, or normal publication	
1452	110	Petition to revive - unavoidable	
1453	1330	Petition to revive - unintentional	
1501	1330	Utility issue fee (or reissue)	
1502	480	Design issue fee	
1460	130	Petitions to the Commissioner	
1807	50	Processing fee for provisional applications	
1806	180	Submission of Information Disclosure Statement	
8021	40	Recording each patent assignment per property (times number of properties)	
1809	770	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	770	For each additional invention to be examined (37 CFR 1.129(b))	
1801	790	Request for Continued Examination (RCE)	790
1802	900	Request for expedited exam of a design application	

Other fee (specify):

SUBTOTAL (3) 1,810

SUBMITTED BY

Typed or Printed Name John E. Etchells

Signature

John E. Etchells

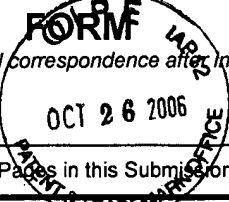
Date

10/24/06

Deposit Account User ID

Complete (if applicable)

Reg. Number

TRANSMITTAL FORM (to be used for all correspondence after initial filing) 	Application Number	09/850,073	
	Filing Date	05/07/2001	
	First Named Inventor	Steven Todd	
	Group Art Unit	3625	
	Examiner Name	Rhode Jr., Robert E.	
Total Number of Pages in this Submission	14	Attorney Docket Number	112820


Enclosures (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits / Declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Assignment & Recordation Cover Sheet <input type="checkbox"/> Drawing(s) & Letter to Official Draftsman <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Supplemental Declaration and Power of Attorney <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Authorization to Act in a Representative Capacity; Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communications to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communications to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> CD, Number of CDs <input checked="" type="checkbox"/> Additional enclosure(s) (please identify below) <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Request Continued Examination (RCE) Transmittal</div>
Remarks: In response to the Final Office Action dated 05/18/2006		

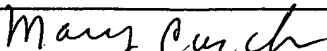
CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	Customer Number - 26652	or <input type="checkbox"/> Correspondence address below																				
<table border="1"> <tr> <td>NAME</td> <td colspan="3">John Etchells</td> </tr> <tr> <td>ADDRESS</td> <td colspan="3">AT&T CORP. Room 2A-207 One AT&T Way</td> </tr> <tr> <td>CITY</td> <td>Bedminster</td> <td>STATE</td> <td>New Jersey</td> </tr> <tr> <td>COUNTRY</td> <td>United States of America</td> <td>ZIP CODE</td> <td>07921</td> </tr> <tr> <td></td> <td></td> <td>FAX</td> <td>908-532-1281</td> </tr> </table>			NAME	John Etchells			ADDRESS	AT&T CORP. Room 2A-207 One AT&T Way			CITY	Bedminster	STATE	New Jersey	COUNTRY	United States of America	ZIP CODE	07921			FAX	908-532-1281
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		FAX	908-532-1281																			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME	Gary H. Monka	Reg. #	35290
TELEPHONE	908-707-1573		
SIGNATURE		DATE	10/24/2006

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage thereon as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: 10/24/2006			
Type or Printed Name	Mary Curch		
Signature		Date	10/24/2006

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450